

GENERAL FACT SHEET

BILL NUMBER 13R-142

BRIEF TITLE

APPROVED DEADLINE

REASON

Consultants in Infectious Disease, LLC

Service Contract

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Service Contract between the City of Lincoln on behalf of the Lincoln-Lancaster County Health Department and Consultants in Infectious Disease, LLC for medical consultation services for the Health Department.</p> <p>This is a renewal of a long standing agreement.</p> <p>Term of Agreement - July 1, 2013 - June 30, 2016</p> <p>Annual Costs -</p> <p>July 1, 2013 - June 30, 2014 - \$24,813.00 July 1, 2014 - June 30, 2015 - \$25,557.00 July 1, 2015 - June 30, 2016 - \$26,324.00</p> <p>This represents a 3% increase each year.</p>	Sponsor	
	Program Departments, or Groups Affected	Lincoln-Lancaster County Health Department
	Applicants/Proponents	Applicant
		City Department
<p>Discussion (Including Relationship to other Council Actions)</p>		Other
	Opponents	Groups or Individuals
		Basis of Opposition
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	<input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES	
	OPERATIONAL IMPACT ASSESSMENT		
	FINANCES		
	COST AND REVENUE PROJECTIONS	COST of total project: \$	
COST of this Ordinance/ Resolution \$			
RELATED annual operating Costs \$			
	INCREASE REVENUE EXPECTED/YEAR \$		
SOURCE OF FUNDS	CITY [Approximately]		
	\$	%	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
	NON CITY [Approximately]		
	\$	%	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
BENEFIT COST			
<input type="checkbox"/> Front Foot		Average Assessment	
<input type="checkbox"/> Square Foot \$		\$	

APPLICABLE DATES:

FACT SHEET PREPARED BY: Elaine Severe, 402-441-8093

REVIEW BY:

REFERENCE NUMBER